APPENDIX C

WEIGHTED PROCEDURES

A. PURPOSE

This appendix provides a brief explanation of various procedure tables with associated weighted values and where the user may obtain a copy or print-out of the tables. These weighted values shall be used in all reporting.

B. DISCUSSION

If the performance factors (workload) were homogeneous, the cost per procedure would be simply obtained by dividing total cost of work center by the number of procedures performed by that work center. For example, measuring the workload of radiology by unweighed procedures performed such as number of films exposed results in a gross distortion of the relative costs of the various procedures performed and incomparable relative workloads. Hence, to obtain average useful cost comparison data, it is necessary to assign weighted values to the raw radiology procedures performed that reflect their relative complexities and costs.

Typically, a procedure is assigned a weighted value to accurately and fairly account for the resources consumed to accomplish or produce that given unit. Depending upon the workload unit considered, many or few variables have been reviewed in establishing relative values of workload performance. In most instances, the weighted value of a procedure performed is derived in terms of the consumption of resources to accomplish that procedure; namely, quantity of work hours expended, technical quality of work hours expended, supplies consumed, equipment depreciated, and facilities utilized.

The Expense Assignment System (EAS) and Composite Health Care System (CHCS) will maintain tables with weighted values for various workcenters. Pathology, Radiology, Nuclear Medicine and Cardiac Catheterization procedures will be weighted by Current Procedural Terminology code in accordance with the most recent Physician's Current Procedural Terminology (CPT) Manual published by the American Medical Association (AMA) (reference (m)). The assigned weighted values for each CPT code are derived from the Health Care Finance Administration (HCFA) Medicare reimbursement fee schedules. The Radiology and Pathology consultants, and their working groups, reviewed and approved the codes and weights.

c. INDEX OF WEIGHTED VALUES

Weighted values have been developed for the following procedures and shall be used in quantifying the workload of these accounts: Dental Procedures; Pharmacy Procedures; Pathology Procedures; Radiology Procedures; Respiratory Therapy/Pulmonary Function/Cardiovascular Procedures; Cardiac Catheterization Procedures; Nuclear Medicine Procedures; Veterinary Procedures; and Weighted Inpatient Nutrition Procedures.

1. Dental Procedures Weighted Values. Weighted values have been developed for the Defense Code on Dental Procedures and Nomenclature: Part A, Dental Clinical Services, Composite Time Value (CTV) weighted factors; and Part B, Dental Laboratory Services Composite Laboratory Value (CLV) weighted factors. These values are based on time, resources, and complexity of procedures . The Services' Dental Information Systems contain the table with the weighted values. Data is downloaded from those systems for input into EAs .

2. **Pharmacy Procedures Weighted Values**

Pharmacy Procedures	Weighting Factors
Prescription	1.00
Clinic Issue	0.60
Sterile Product	2.00
Unit Dose	0.15
Bulk Issue	2.00

a. Prescription. Count written order for a medication or device prescribed for an individual patient. A refill is counted the same as a prescription.

b. Clinic Issue. Count each handout or prepared issue to a clinic for subsequent issue to individual patients by non-pharmacy personnel. A weighted value of 0.6 for each unit of issue is counted.

c. Sterile Product. Count each parenteral bottle, bag, or syringe that is prepared by the pharmacy; that is, has any number of additive parenterals-and is-ready for administration.

d. Unit Dose. Count each dose.

e. Bulk Issue. Count each line item issued to clinics and/or wards to be used within the clinic or ward. Each line item will have a weighted value of 2.0.

3. Pathology Procedures Weighted Values. All clinical pathology, anatomical pathology, and blood bank workload performance will be weighted and reported in accordance with the most recent CPT Manual and CPT table in EAS or CHCS for CONUS and OCONUS sites licensed to use CPT codes. For OCONUS sites not licensed to use CPT codes, use "A Workload Reporting Method for Clinical Laboratories, " Current Edition, published by the College of American Pathologists (CAP). Weighted values refer to relative value units for CPT codes and weighted workload for CAP codes. Users can print the table from EAs .

a. Clinical Pathology. Count, as defined in the CHCS CPT table or the CAP, each test, specimen, patient, smear, tube, bottle, plate, slide, or antigen (pool) performed on or for an inpatient, outpatient, clinic, ward, treatment area, or other requesting authority. Count all procedures or tests performed for quality control purposes and standardization purposes and distribute based on the ratio of weighted procedures provided to each receiving account to the total weighted procedures performed by the clinical pathology function.

b. Anatomical Pathology. Count, as defined in the CHCS CPT table or the CAP, the number of autopsies, frozen sections, cytology smears, special stains, and paraffin blocks performed on or for an inpatient or an outpatient.

c. Blood Bank. Count, as defined in the CHCS CPT table or the CAP, each separate test or procedure performed on a specimen, tests for bleeding and processing of a donor, and cross-matched units.

4. Radiology Procedures Weighted Values. All diagnostic radiology and therapeutic radiology workload performance will be weighted (relative value units) and reported in accordance with the CPT manual and CPT table in EAS or CHCS for CONUS and OCONUS sites licensed to use CPT codes. For OCONUS sites not licensed to use CPT codes, use the codes and weights from the American

College of Radiology (ACR) National Relative Value Scale (NRVS). Users can print the table from EAS.

a. Diagnostic Radiology. Count, as defined in the CPT table or NRVS, depending on site licensing, each procedure or test performed on or for an inpatient or outpatient including procedures performed on portables.

b. Therapeutic Radiology. Count, as defined in the CPT table or NRVS, depending on site licensing, each therapeutic procedure performed on or for an inpatient or outpatient to include external beam therapy and brachytherapy.

5. Respiratory Therapy/Pulmonary Function/Cardiovascular Procedures Weighted Values. Print the table from EAS. In the future, the weights should mirror the most recent American Association for Respiratory Care (AARC) Uniform Reporting Manual for time standards. Respiratory therapy and Cardiovascular weighted values are included in Pulmonary Functions.

6. Cardiac Catheterization Procedures Weighted Values. See the most recent CPT Manual and CPT table in EAS or CHCS. For the Cardiac Cath Lab, CPT codes cannot be entered through the Radiology module in CHCS. To avoid Cardiac Cath Lab workload from rolling up into Radiology workload, a separate location ID is provided in the Radiology Subsystem of EAS.

7. Nuclear Medicine Procedures Weighted Values. See the most recent CPT Manual and CPT table in EAS or CHCS for weighted values.

8. Veterinary Weighted Values. The United States Army Health Services Command Manpower Staffing Standards System Team has not developed weighted values for the various types of Veterinary Weighted Inspections. Until these weighted values are developed, each inspection performed shall be given the weight of 1.00.

9. Weighted Inpatient Nutrition Procedures. The following relative value units and/or weighted factors have been developed for Inpatient Clinical Nutrition Management which reflect the resource intensity of the various procedures. A different weight is assigned when completed by a dietitian versus enlisted technicians. Specific examples of medical record documentation that would support each of these types of procedures is available from the Service Headquarters Consultant.

a. Basic Nutrition Procedure. A medical record entry for a basic nutrition procedure includes references to services such as basic screening (i.e., using height, weight, age, % Desirable Body Weight, % Usual Body Weight, diagnosis; initial sample notification of NPO/CL or inadequate intake more than 3-5 days; basic nutrition care follow-up and/or consultation to assess patient's progress on current nutrition therapy with basic recommendation (i.e. , modification of diet order) , brief re-evaluation, or limited assessments; basic discharge planning to include weekly rounds and simple medical record entries documenting discharge diet; basic diet-drug interaction counseling for antibiotics, and gastrointestinal preparations.
Dietitian RVU = 0.25
Technician RVU = 0.20 (Only tasks for which they are trained and authorized.)

b. Intermediate Nutrition Procedure. A medical record entry for an intermediate nutrition procedure includes references to services such as notification of NPO/CL or inadequate intake with recommendation for oral nutrition support; expanded nutrition screening (involving medical record review and items such as anthropometric measurement, laboratory values of nutritional significance, over the counter and prescription drugs, vitamin and mineral supplements, hand grip strength, etc.); nutrition assessments that

result in establishment of nutrition goals for disease management and/or prevention for patients at moderate nutritional risk or receiving intermediate diets; intermediate diet-drug interaction counseling for oral hypoglycemics, insulin, monoamine oxidase inhibitors, antalapemics, psychotropic drugs; follow-up evaluation for medically stable patients receiving tube feeding and parenteral nutrition; and discharge summary/coordination with other agencies and/or specialties; i.e., Meals on Wheels, social services, instructions on glucometers, etc.

NOTE : Intermediate diet examples are mechanical soft, mineral restricted, single nutrient restriction, no added salt (4 Gm Na) , consistency modifications, gastric stimulant restriction, high fiber, etc.

Dietitian RW = 0.65

Technician RW = 0.45 (Only tasks for which they are trained and authorized.)

c. Complex Nutrition Procedure. A medical record entry documenting complex nutrition procedures include reference to services such as nutrition assessment evaluation consultation, re-evaluation for high risk patients with multiple nutrition related disease states, malnutrition diagnosis, or multiple nutrient or complex nutrient alterations, pediatric nutritional assessments, initial nutritional work-up for tube feeding and/or enteral supplement or parenteral nutrition; follow-up for medically unstable patients receiving tube feeding or parenteral nutrition; calculation of individualized menu patterns and nourishment requirements for complex diets.

NOTE : Examples of complex diets are vegetarian, cancer patients, diabetic, reactive hypoglycemia, weight reduction, behavior modification, prenatal weight control, galactose restricted, renal, protein restricted, gluten restricted, leucine restricted, PKU, fat controlled and/or cholesterol restricted, ketogenic, less than 2 Gm Na, combined diets (two or more, i.e. , 2 Gm Na and 1800 Cal), mineral restriction (copper, calcium, phosphorus) , vertical banded gastroplasty, elimination diets, HIV diets, etc.) Calorie counts.

Dietitian RW = 1.30

Technician RVU = 0.75 (Only tasks for which they are trained and authorized.)

d. Extensive Nutrition Procedures. Extensive nutrition procedures include highly specialized nutritional care that requires extensive literature research, in-depth nutritional assessment of numerous clinical and biomedical findings, multidisciplinary meetings and/or rounds (i.e. , nutrition support team) to discuss patient care for patients with metabolic complications.

Dietitian RW = 2.50

(No Technician at this level.)